

PROVIDER NO. 14-3028 VAN MATRE HEALTHSOUTH REHABILITATION  
PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02  
05/13/2010 14:31

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
PARTS I & II

INTERMEDIARY [ ] AUDITED  
USE ONLY: [ ] DESK REVIEWED

DATE RECEIVED \_\_\_\_\_ [ ] INITIAL [ ] RE-OPENING  
INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK  
APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT  
\_\_\_ MANUALLY SUBMITTED COST REPORT

DATE: 05/13/2010  
TIME: 14:31

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY VAN MATRE HEALTHSOUTH REHABILITATION (14-3028) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 05/13/2010 14:31  
00sqBUvs2KEWq:A0oH16SxNivsgGT0  
reEc800hWlvT3r7:drPrTJP4Gbxwsl  
4dlH0d95sj096Gsk

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PI Encryption: 05/13/2010 14:31  
tkLVHANBo7tGvV2.AQvzkuJc64Hqk0  
HRir:0ynY0VrG7KP6fq4f2KTrJUSj7  
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PART II - SETTLEMENT SUMMARY

TITLE V

TITLE XVIII

TITLE XIX

	TITLE V	PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	37235		
3	SWING BED - SNF			
4	SWING BED - NF			
5	SKILLED NURSING FACILITY			
6	NURSING FACILITY			
7	HOME HEALTH AGENCY			
8	OUTPATIENT REHABILITATION PROVIDER			
9	HEALTH CLINIC			
100	TOTAL	37235		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.



## MEDICARE COST REPORT INFORMATION PACKAGE

### CERTIFICATION SHEET

This sheet must be completed and signed in order for the Medicare Information Package to be considered complete. A MEDICARE COST REPORT WILL NOT BE FILED IF THE CERTIFICATION SHEET IS NOT COMPLETED, AND SIGNED. Failure to file a cost report may result in a suspension of payments to the hospital, and could ultimately lead to a recoupment of all Medicare payments received, as well as termination of the hospital's provider agreement.

Hospital Name: VAN MATRE HEALTHSOUTH REHABILITATION HOSPITAL

Medicare Provider #: 143028

Medicare FYE: 12/31/09

I hereby certify that I have examined the accompanying Medicare Information Package and to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the records of the reporting entity.

I further certify that there were no expenditures of a personal nature included in the facilities books, or if there were, they are disclosed below. Additionally, I certify that no expenditures were made to induce referrals.

I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in the Medicare Information Package were provided in compliance with such laws and regulations.

Only for Florida facilities: I certify that I am familiar with the laws and regulations regarding the provision of health care services under the Florida Medicaid program, including the laws and regulations relating to claims and regulations.

DAVID B. LOPEZ  
Administrator Printed Name

[Signature]  
Administrator Signature

2-26-10

Date

#### Comments:

I have used data from the financial statements supplied by the Corporate Office in Birmingham, AL, in completion of the Medicare information package.

As reported by the Company, the United States Securities and Exchange Commission ("SEC"), Department of Justice ("DOJ"), Department of Health and Human Services Office of the Inspector General ("OIG"), and the Committee on Energy and Commerce of the United States House of Representatives ("House") are investigating the financial accounting and related activity of the Company. As a result of these investigations, the Company's financial statements cannot be relied upon. The Company has engaged forensic accountants to review its financial statements, and has retained a new registered public accountant to re-audit and report upon its financial statements. If, as a result of that forensic review and re-audit, any adjustments of hospital and/or home office cost reports are required, amended cost reports will be filed.



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MARK LONDVAU

Controller Printed Name

Mark A. Londva

Controller Signature

2-26-10

Date

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 950 S. MULFORD  
1.01 CITY: ROCKFORD

STATE: IL

P.O.BOX:

ZIP CODE: 61108-

COUNTY: WINNEBAGO

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX 4 5 6	
2	HOSPITAL	VAN MATRE HEALTHSOUTH REHABILITATION 14-3028	02/19/2002	N P N	2
3	SUBPROVIDER I				3
4	SWING BEDS - SNF				4
5	SWING BEDS - NF				5
6	HOSPITAL-BASED SNF				6
7	HOSPITAL-BASED NF				7
8	HOSPITAL-BASED OLTC				8
9	HOSPITAL-BASED HHA				9
11	SEPARATELY CERTIFIED ASC				11
12	HOSPITAL-BASED HOSPICE				12
14	HOSP-BASED RHC				14
15	OUTPATIENT REHABILITATION PROVID				15
16	RENAL DIALYSIS				16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2009	TO: 12/31/2009	17
18	TYPE OF CONTROL	1	2	18
		5		

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	5	19
20	SUBPROVIDER I		20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.			21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	NO		21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.			21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDER'S ACTUAL MSA OR CBSA.	1 N	Y 40420	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1		21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1		21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO		21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.			21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO		22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO		23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2. AND TERMINATION IN COL. 3.			24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL. 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL. 3.			24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO	25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?	NO	25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO	25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO	25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO	25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.		26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.		28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st		28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.		28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00 NO	28.03
28.04	RECRUITMENT	0.00 NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00 NO	28.05
28.06	TRAINING	0.00 NO	28.06
28.07	OTHER (SPECIFY)	NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)		30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO	31

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WORKSHEET S-2  
(CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	YES			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	019005		40
40.01	NAME: HEALTHSOUTH CORPORATION	FI/CONTRACTOR'S NAME: CAHABA GBA	FI/CONTRACTOR'S NUMBER: 10101		40.01
40.02	STREET: 3660 GRANDVIEW PARKWAY, SUITE 200	P.O.BOX:			40.02
40.03	CITY: BIRMINGHAM	STATE: AL	ZIP CODE: 35243		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:	ENDING:			53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 40461	PAID LOSSES: 59445	AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1		2	3	4	5
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	03/12/2010		63

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

				-----I/P DAYS / O/P VISITS / TRIPS-----				
		NO. OF	BED DAYS	CAH	TITLE	LTCH	TITLE	OBS.
		BEDS	AVAILABLE	PATIENT	V	NONCOVERED	XIX	BEDS
		1	2	HOURS	3	DAYS	5	ADMITTED
				2.01	4	4.01		5.01
1	HOSPITAL ADULTS & PEDS, EXCL	50	17260		8352		684	1
2	SWING BED, OBSERV & HOSPICE DAYS							
3	HMO						39	2
3	HOSPITAL ADULTS & PEDS -							3
	SWING BED SNF							
4	HOSPITAL ADULTS & PEDS -							4
	SWING BED NF							
5	TOTAL ADULTS & PEDS	50	17260		8352		684	5
	EXCL OBSERVATION BEDS							
6	INTENSIVE CARE UNIT							6
7	CORONARY CARE UNIT							7
8	BURN INTENSIVE CARE UNIT							8
9	SURGICAL INTENSIVE CARE UNIT							9
10	OTHER SPECIAL CARE (SPECIFY)							10
11	NURSERY							11
12	TOTAL HOSPITAL	50	17260		8352		684	12
13	RPCH VISITS							13
14	SUBPROVIDER I							14
15	SKILLED NURSING FACILITY							15
16	NURSING FACILITY							16
17	OTHER LONG TERM CARE							17
18	HOME HEALTH AGENCY							18
20	ASC (DISTINCT PART)							20
21	HOSPICE (DISTINCT PART)							21
23	O/P REHAB PROVIDER							23
24	RHC I							24
25	TOTAL	50						25
26	OBSERVATION BED DAYS							26
27	AMBULANCE TRIPS							27
28	EMPLOYEE DISCOUNT DAYS							28
29	LABOR & DELIVERY DAYS							29



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WORKSHEET S-3  
PART I  
(CONTINUED)

[illegible]

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		631	35	1070	1	
2 HMO XIX					2	
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3	
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4	
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5	
6 INTENSIVE CARE UNIT					6	
7 CORONARY CARE UNIT					7	
8 BURN INTENSIVE CARE UNIT					8	
9 SURGICAL INTENSIVE CARE UNIT					9	
10 OTHER SPECIAL CARE (SPECIFY)					10	
11 NURSERY					11	
12 TOTAL HOSPITAL		631	35	1070	12	
13 RPCH VISITS					13	
14 SUBPROVIDER I					14	
15 SKILLED NURSING FACILITY					15	
16 NURSING FACILITY					16	
17 OTHER LONG TERM CARE					17	
18 HOME HEALTH AGENCY					18	
20 ASC (DISTINCT PART)					20	
21 HOSPICE (DISTINCT PART)					21	
23 O/P REHAB PROVIDER					23	
24 RHC I					24	
25 TOTAL					25	
26 OBSERVATION BED DAYS					26	
27 AMBULANCE TRIPS					27	
28 EMPLOYEE DISCOUNT DAYS					28	

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HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	2	3	4	5	6		
1	TOTAL SALARIES	7812231	654969		325170.94			1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES		716865		22934.38			8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	336103			6811.00		FTE REPORT	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	144163			1167.00		WP 3J	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	722567			9924.33		WP 40	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	1656005					CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	153171					CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)							20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	1247020	-143299		41857.62			22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	9722			36.01			22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	168325			7404.80			24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	164072			13811.20			26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	274383			18782.40			27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	243457			8590.40			30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	149926			8216.00			33
34	SOCIAL SERVICE	176798	81403		10836.80			34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
1		2	3	4	5		
1	NET SALARIES	7821953	654969	8476922	325206.95	26.07	1
2	EXCLUDED AREA SALARIES		716865	716865	22934.38	31.26	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	7821953	-61896	7760057	302272.57	25.67	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1202833		1202833	17902.33	67.19	4
5	SUBTOTAL WAGE-RELATED COSTS	1656005		1656005		21.34%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	10680791	-61896	10618895	320174.90	33.17	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	2433703	-61896	2371807	109535.23	21.65	13

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
3	0300 NEW CAP REL COSTS-BLDG & FIXT		635152	635152	199155	834307	202113	1036420	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		299479	299479	41057	340536	-26666	313870	4
5	0500 EMPLOYEE BENEFITS		1778972	1778972		1778972	22343	1801315	5
6	0600 ADMINISTRATIVE & GENERAL	1247020	2415179	3662199	-478575	3183624	788827	3972451	6
8	0800 OPERATION OF PLANT	168325	295857	464182	311176	775358	-92463	682895	8
9	0900 LAUNDRY & LINEN SERVICE		74715	74715	12813	87528		87528	9
10	1000 HOUSEKEEPING	164072	82735	246807	-35625	211182		211182	10
11	1100 DIETARY	274383	236535	510918	25573	536491	-29772	506719	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	243457	100	243557		243557		243557	14
17	1700 MEDICAL RECORDS & LIBRARY	149926	68079	218005		218005	-4664	213341	17
18	1800 SOCIAL SERVICE	176798		176798	81403	258201		258201	18
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	2726835	278530	3005365	3531	3008896	-1641	3007255	25
	ANCILLARY SERVICE COST CENTERS								
41	4100 RADIOLOGY-DIAGNOSTIC	32386	303799	336185	-297036	39149	-1846	37303	41
41.01	4101 RADIOLOGY SUA				283242	283242	-73530	209712	41.01
44	4400 LABORATORY		231860	231860	-25293	206567		206567	44
44.01	4401 LAB SUA				24360	24360	-9445	14915	44.01
49	4900 RESPIRATORY THERAPY	204289	12138	216427	-7588	208839	-20	208819	49
50	5000 PHYSICAL THERAPY	1022845	50922	1073767	-572917	500850	569046	1069896	50
51	5100 OCCUPATIONAL THERAPY	746443	49204	795647	-144100	651547	144023	795570	51
52	5200 SPEECH PATHOLOGY	272760	84060	356820	-55391	301429	55115	356544	52
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	58444	200902	259346	15894	275240	-3537	271703	55
56	5600 DRUGS CHARGED TO PATIENTS	322348	418485	740833	-6	740827		740827	56
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVI	1900	9933	11833	-11833				59
	OUTPATIENT SERVICE COST CENTERS								
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
	OTHER REIMBURSABLE COST CENTERS								
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
88	8800 INTEREST EXPENSE		93640	93640		93640	-93640		88
90	9000 OTHER CAPITAL RELATED COSTS		219587	219587	-219587				90
95	SUBTOTALS	7812231	7839863	15652094	-849747	14802347	1444243	16246590	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES		426	426	-426				98
100	7950 NRCC MARKETING				62518	62518		62518	100
100.01	7951 NRCC ROCKFORD MEM				768455	768455		768455	100.01
100.02	7952 GUEST MEALS								100.02
100.03	7953 NRCC CLINICAL PSYCH				19200	19200		19200	100.03
101	TOTAL	7812231	7840289	15652520		15652520	1444243	17096763	101

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1		2	3	4	5
1 CAPITAL RELATED INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		17100
2 CAPITAL RELATED INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		3525
3 NRCC MARKETING	B	NRCC MARKETING	100	61896	622
4 PHYSICIAN FEES	C	ADULTS & PEDIATRICS	25		3667
5 PHYSICIAN FEES	C				
6 UTILITY COST	D	OPERATION OF PLANT	8		241697
7 COST OF MEDICAL SUPPLIES SOLD	F	MEDICAL SUPPLIES CHARGED TO P	55		23006
8 COST OF MEDICAL SUPPLIES SOLD	F				
9 COST OF MEDICAL SUPPLIES SOLD	F				
10 COST OF MEDICAL SUPPLIES SOLD	F				
11 COST OF MEDICAL SUPPLIES SOLD	F				
12 COST OF MEDICAL SUPPLIES SOLD	F				
13 COST OF MEDICAL SUPPLIES SOLD	F				
14 COST OF MEDICAL SUPPLIES SOLD	F				
15 REBATES ON MEDICAL SUPPLIES	G	PHYSICAL THERAPY	50		6752
16 FOOD SUPPLY EXPENSE	H	DIETARY	11		28537
17 FOOD SUPPLY EXPENSE	H				
18 FOOD SUPPLY EXPENSE	H				
19 FOOD SUPPLY EXPENSE	H				
20 FOOD SUPPLY EXPENSE	H				
21 LINENS	I	LAUNDRY & LINEN SERVICE	9		12813
22 HOUSEKEEPING	J	HOUSEKEEPING	10		133
23 LEASED EMPLOYEES RECLASS	K	PHYSICAL THERAPY	50	455810	
24 LEASED EMPLOYEES RECLASS	K	OCCUPATIONAL THERAPY	51	144044	
25 LEASED EMPLOYEES RECLASS	K	SPEECH PATHOLOGY	52	55115	
26 LEASED EMPLOYEES	K	NRCC ROCKFORD MEM	100.01	654969	113486
27 LEASED EMPLOYEES	K				
28 LEASED EMPLOYEES	K				
29 CLINICAL PSYCH	L	NRCC CLINICAL PSYCH	100.03		19200
30 CLINICAL PSYCH	L				
31 SECURITY EXPENSE	M	OPERATION OF PLANT	8		54822
32 PHYSICIAN EXPENSES	N	ADMINISTRATIVE & GENERAL	6		426
33 PSYCH SALARIES	O	PHYSICAL THERAPY	50	1900	
34 SERVICES UNDER ARRANGEMENT	P	RADIOLOGY SUA	41.01		283242
35 SERVICES UNDER ARRANGEMENT	P	LAB SUA	44.01		24360
36 SUBTOTAL				1373734	833388

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RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	-----	DECREASE	-----	WKST A-7	
			COST CENTER	LINE #	SALARY	OTHER	REF.
		1	6	7	8	9	10
1	CAPITAL RELATED INSURANCE	A	ADMINISTRATIVE & GENERAL	6		20625	12 1
2	CAPITAL RELATED INSURANCE	A					12 2
3	NRCC MARKETING	B	ADMINISTRATIVE & GENERAL	6	61896	622	3
4	PHYSICIAN FEES	C	ADMINISTRATIVE & GENERAL	6		3334	4
5	PHYSICIAN FEES	C	PSYCHIATRIC/PSYCHOLOGICAL SER	59		333	5
6	UTILITY COST	D	ADMINISTRATIVE & GENERAL	6		241697	6
7	COST OF MEDICAL SUPPLIES SOLD	F	DIETARY	11		2964	7
8	COST OF MEDICAL SUPPLIES SOLD	F	ADULTS & PEDIATRICS	25		136	8
9	COST OF MEDICAL SUPPLIES SOLD	F	RADIOLOGY-DIAGNOSTIC	41		49	9
10	COST OF MEDICAL SUPPLIES SOLD	F	RESPIRATORY THERAPY	49		7588	10
11	COST OF MEDICAL SUPPLIES SOLD	F	PHYSICAL THERAPY	50		11931	11
12	COST OF MEDICAL SUPPLIES SOLD	F	OCCUPATIONAL THERAPY	51		56	12
13	COST OF MEDICAL SUPPLIES SOLD	F	SPEECH PATHOLOGY	52		276	13
14	COST OF MEDICAL SUPPLIES SOLD	F	DRUGS CHARGED TO PATIENTS	56		6	14
15	REBATES ON MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO P	55		6752	15
16	FOOD SUPPLY EXPENSE	H	ADMINISTRATIVE & GENERAL	6		5002	16
17	FOOD SUPPLY EXPENSE	H	OPERATION OF PLANT	8		21	17
18	FOOD SUPPLY EXPENSE	H	HOUSEKEEPING	10		22945	18
19	FOOD SUPPLY EXPENSE	H	PHYSICAL THERAPY	50		342	19
20	FOOD SUPPLY EXPENSE	H	MEDICAL SUPPLIES CHARGED TO P	55		227	20
21	LINENS	I	HOUSEKEEPING	10		12813	21
22	HOUSEKEEPING	J	MEDICAL SUPPLIES CHARGED TO P	55		133	22
23	LEASED EMPLOYEES RECLASS	K	PHYSICAL THERAPY	50		455810	23
24	LEASED EMPLOYEES RECLASS	K	OCCUPATIONAL THERAPY	51		144044	24
25	LEASED EMPLOYEES RECLASS	K	SPEECH PATHOLOGY	52		55115	25
26	LEASED EMPLOYEES	K	PHYSICAL THERAPY	50	455810	113486	26
27	LEASED EMPLOYEES	K	OCCUPATIONAL THERAPY	51	144044		27
28	LEASED EMPLOYEES	K	SPEECH PATHOLOGY	52	55115		28
29	CLINICAL PSYCH	L	PSYCHIATRIC/PSYCHOLOGICAL SER	59		9600	29
30	CLINICAL PSYCH	L	ADMINISTRATIVE & GENERAL	6		9600	30
31	SECURITY EXPENSE	M	ADMINISTRATIVE & GENERAL	6		54822	31
32	PHYSICIAN EXPENSES	N	PHYSICIANS' PRIVATE OFFICES	98		426	32
33	PSYCH SALARIES	O	PSYCHIATRIC/PSYCHOLOGICAL SER	59	1900		33
34	SERVICES UNDER ARRANGEMENT	P	RADIOLOGY-DIAGNOSTIC	41		283242	34
35	SERVICES UNDER ARRANGEMENT	P	LABORATORY	44		24360	35
36	SUBTOTAL				718765	1488357	36

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RECLASSIFICATIONS

WORKSHEET A-6  
PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		
		COST CENTER	LINE #	SALARY
	1	2	3	4
				5
1 RECLASS CASE MGR SALARY	Q	SOCIAL SERVICE	18	81403
2 PATIENT TRANSPORTATION	R	OPERATION OF PLANT	8	
3 PATIENT TRANSPORTATION	R			14678
4				
5				
6				
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34				
35				
36 TOTAL RECLASSIFICATIONS				1455137 848066

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RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 RECLASS CASE MGR SALARY	Q	ADMINISTRATIVE & GENERAL	6	81403		1
2 PATIENT TRANSPORTATION	R	RADIOLOGY-DIAGNOSTIC	41		13745	2
3 PATIENT TRANSPORTATION	R	LABORATORY	44		933	3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				800168	1503035	36



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ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS		9720		9720		9720		2
3 BUILDINGS AND FIXTURES	4161549					4161549		3
4 BUILDING IMPROVEMENTS	4947816	3771253		3771253		8719069		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	2181422	522481		522481	46435	2657468		6
7 SUBTOTAL	11290787	4303454		4303454	46435	15547806		7
8 RECONCILING ITEMS								8
9 TOTAL	11290787	4303454		4303454	46435	15547806		9

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	12890337		12890337	.829078		182055		182055 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2657468		2657468	.170922		37532		37532 4
5 TOTAL	15547805		15547805	1.000000		219587		219587 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	618381	2792	226555	17100	171592		1036420 3
4 NEW CAP REL COSTS-MVBLE EQUIP	212986	61984		3525	35375		313870 4
5 TOTAL	831367	64776	226555	20625	206967		1350290 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	485925	149227					635152 3
4 NEW CAP REL COSTS-MVBLE EQUIP	237495	61984					299479 4
5 TOTAL	723420	211211					934631 5

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4		
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5 INVESTMENT INCOME-OTHER						5
6 TRADE, QUANTITY, AND TIME DISCOUNTS						6
7 REFUNDS AND REBATES OF EXPENSES						7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)						9
10 TELEVISION AND RADIO SERVICE						10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2					12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1	2832887				14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS						16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19 SALE OF DRUGS TO OTHER THAN PATIENTS						19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS						20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)						21
22 VENDING MACHINES						22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49		25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50		26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST					
	A-8-3		HOME HEALTH AGENCY	71		27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A		NEW CAP REL COSTS-BLDG & FIXT	3	9	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A		NEW CAP REL COSTS-MVBLE EQUIP	4	9	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	WKST A-8-4		OCCUPATIONAL THERAPY	51		35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	WKST A-8-4		SPEECH PATHOLOGY	52		36
37 INTEREST EXPENSE	A	-93640	INTEREST EXPENSE	88		37
37.01 PROPERTY TAX	A	-10463	NEW CAP REL COSTS-BLDG & FIXT	3	13	37.01
37.02 PROPERTY TAX	A	-2157	NEW CAP REL COSTS-MVBLE EQUIP	4	13	37.02
38 INSURANCE	A	-67920	EMPLOYEE BENEFITS	5		38
38.01 INSURANCE	A	-69162	ADMINISTRATIVE & GENERAL	6		38.01
38.02 INSURANCE	A	-76051	EMPLOYEE BENEFITS	5		38.02
39 NONALLOWABLE EXPENSES	A	-46071	ADMINISTRATIVE & GENERAL	6		39
39.01 NONALLOWABLE EXPENSES	A	-1055	ADULTS & PEDIATRICS	25		39.01
39.02 NONALLOWABLE EXPENSES	A	-120	RADIOLOGY-DIAGNOSTIC	41		39.02
39.03 NONALLOWABLE EXPENSES	A	-15	PHYSICAL THERAPY	50		39.03
39.04 NONALLOWABLE EXPENSES	A	-21	OCCUPATIONAL THERAPY	51		39.04
39.05 NONALLOWABLE EXPENSES	A	-18	MEDICAL SUPPLIES CHARGED TO PAT	55		39.05
40 PATIENT TELEPHONE	A	-10380	ADMINISTRATIVE & GENERAL	6		40
40.01 PATIENT TELEPHONE	A	-2218	EMPLOYEE BENEFITS	5		40.01
40.02 PATIENT TELEPHONE	A	-8667	NEW CAP REL COSTS-MVBLE EQUIP	4	9	40.02
40.03 PATIENT TELEPHONE	A	-7865	ADMINISTRATIVE & GENERAL	6		40.03
41 PATIENT TELEVISION	A	-9536	NEW CAP REL COSTS-MVBLE EQUIP	4	9	41
41.01 PATIENT TELEVISION	A	-7372	OPERATION OF PLANT	8		41.01
42 PRINTING	A	-7399	ADMINISTRATIVE & GENERAL	6		42
42.01 PRINTING	A	-16	OPERATION OF PLANT	8		42.01
42.03 PRINTING	A	-465	MEDICAL RECORDS & LIBRARY	17		42.03
42.04 PRINTING	A	-586	ADULTS & PEDIATRICS	25		42.04
42.05 PRINTING	A	-155	PHYSICAL THERAPY	50		42.05
42.06 PRINTING	A	-3519	MEDICAL SUPPLIES CHARGED TO PAT	55		42.06
43 PRINTING DELIVERY	A	-343	ADMINISTRATIVE & GENERAL	6		43
44 LOBBYING	A	-1394	ADMINISTRATIVE & GENERAL	6		44
44.01 LOBBYING	A	-348	EMPLOYEE BENEFITS	5		44.01
44.02 LOBBYING	A	-885	ADMINISTRATIVE & GENERAL	6		44.02
44.03 LOBBYING	A	-4862	ADMINISTRATIVE & GENERAL	6		44.03
44.04 LOBBYING	A	-80	PHYSICAL THERAPY	50		44.04

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO.	WKST A-7 REF
		1	2	COST CENTER	3	4
45	MISC INCOME	B	-12686	NEW CAP REL COSTS-BLDG & FIXT	3	11 45
45.01	MISC INCOME	B	-11573	ADMINISTRATIVE & GENERAL	6	45.01
45.02	MISC INCOME	B	-4199	MEDICAL RECORDS & LIBRARY	17	45.02
45.03	MISC INCOME	B	-29772	DIETARY	11	45.03
46	PATIENT TRANSPORTATION	A	-29790	OPERATION OF PLANT	8	46
46.01	PATIENT TRANSPORTATION	A	-5296	EMPLOYEE BENEFITS	5	46.01
46.02	PATIENT TRANSPORTATION	A	-55285	OPERATION OF PLANT	8	46.02
46.03	PATIENT TRANSPORTATION	A	-3656	NEW CAP REL COSTS-MVBLE EQUIP	4	9 46.03
47	PROFESSIONAL FEES	A	-7490	ADMINISTRATIVE & GENERAL	6	47
47.01	PROFESSIONAL FEES	A	-1726	RADIOLOGY-DIAGNOSTIC	41	47.01
47.02	PROFESSIONAL FEES	A	-20	RESPIRATORY THERAPY	49	47.02
48	INDIGENT CARE TAX	A	-794368	ADMINISTRATIVE & GENERAL	6	48
49						49
50	TOTAL		1444243			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	264363	-264363	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	132456	132456	9 2
3	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	239241	239241	11 3
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE A&G	1356890	1356890	4
4.01	6	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING A&G	668625	668625	4.01
4.02	5	EMPLOYEE BENEFITS	WAGE AND EXP TRANSFERS	133120	133120	4.02
4.03	6	ADMINISTRATIVE & GENERAL	WAGE AND EXP TRANSFERS	1182549	1182549	4.03
4.04	8	OPERATION OF PLANT	WAGE AND EXPENSE TRANSFER	777	777	4.04
4.05	17	MEDICAL RECORDS & LIBRARY	WAGE AND EXPENSE TRANSFER	213	213	4.05
4.06	25	ADULTS & PEDIATRICS	WAGE AND EXPENSE TRANSFER	670	670	4.06
4.07	41	RADIOLOGY-DIAGNOSTIC	WAGE AND EXPENSE TRANSFER	-2496	-2496	4.07
4.08	50	PHYSICAL THERAPY	WAGE AND EXPENSE TRANSFER	-298017	-298017	4.08
4.09	51	OCCUPATIONAL THERAPY	WAGE AND EXPENSE TRANSFER	-70746	-70746	4.09
4.10	52	SPEECH PATHOLOGY	WAGE AND EXPENSE TRANSFER	-27946	-27946	4.10
4.11	55	MEDICAL SUPPLIES CHARGED TO PAT	WAGE AND EXPENSE TRANSFER	7465	7465	4.11
4.12	56	DRUGS CHARGED TO PATIENTS	WAGE AND EXPENSE TRANSFER	391990	391990	4.12
4.13	88	INTEREST EXPENSE	WAGE AND EXPENSE TRANSFER	93639	93639	4.13
4.14	4	NEW CAP REL COSTS-MVBLE EQUIP	MCD DEPRECIATION	52996	55646	9 4.14
4.15	6	ADMINISTRATIVE & GENERAL	MOTORIKA	4342	4342	4.15
4.16	3	NEW CAP REL COSTS-BLDG & FIXT	GROUND LEASE	146435	-146435	10 4.16
4.17	6	ADMINISTRATIVE & GENERAL	ROCKFORD HEALTH SYSTEM	-36703	-36703	4.17
4.18	6	ADMINISTRATIVE & GENERAL	ROCKFORD HEALTH SYSTEM	5728	16261	-10533 4.18
4.19	41.01	RADIOLOGY SUA	ROCKFORD HEALTH SYSTEM	41702	115232	-73530 4.19
4.20	44	LABORATORY	ROCKFORD HEALTH SYSTEM	191986	191986	4.20
4.21	44.01	LAB SUA	ROCKFORD HEALTH SYSTEM	14915	24360	-9445 4.21
4.22	5	EMPLOYEE BENEFITS	EMPLOYEES LEASED TO HS	143222	143222	4.22
4.23	6	ADMINISTRATIVE & GENERAL	EMPLOYEES LEASED TO HS	24636	24636	4.23
4.24	14	NURSING ADMINISTRATION	EMPLOYEES LEASED TO HS	222176	222176	4.24
4.25	18	SOCIAL SERVICE	EMPLOYEES LEASED TO HS	81403	81403	4.25
4.26	25	ADULTS & PEDIATRICS	EMPLOYEES LEASED TO HS	101917	101917	4.26
4.27	51	OCCUPATIONAL THERAPY	EMPLOYEES LEASED TO HS	110329	110329	4.27
4.28	5	EMPLOYEE BENEFITS	EMPLOYEES LEASED TO RMH	-174176	174176	4.28
4.29	50	PHYSICAL THERAPY	EMPLOYEES LEASED TO RMH	-569296	569296	4.29
4.30	51	OCCUPATIONAL THERAPY	EMPLOYEES LEASED TO RMH	-144044	144044	4.30
4.31	52	SPEECH PATHOLOGY	EMPLOYEES LEASED TO RMH	-55115	55115	4.31
5		TOTALS		4767079	1934192	2832887 5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
(1)	2	3	4	5	6	
1	B	50.00	HEALTHSOUTH CORPORATION		HEALTHCARE	1
2	B	50.00	ROCKFORD HEALTH SYATEM		JV PARTNER	2
3	G		ROCKFORD MEMORIAL HOSP		HEALTHCARE	3
4						4
5	G		MED CENTER DIRECT		SUPPLIES	5
5.01	G		OTHER HS FACILITIES		HEALTHCARE	5.01
5.02	G		MOTORIKA		EQUIPMENT	5.02

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO. 1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS DR A	3667		3667	171400	122	10053	503
101	TOTAL	3667		3667		122	10053	503

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1 25	ADULTS & PEDIATRICS DR A					10053		
101	TOTAL					10053		

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS										
3	NEW CAP REL COSTS-BLDG & FIXT	1036420	1036420							3
4	NEW CAP REL COSTS-MVBLE EQUIP	313870		313870						4
5	EMPLOYEE BENEFITS	1801315			1801315					5
6	ADMINISTRATIVE & GENERAL	3972451	26086	7900	234806	4241243	4241243			6
8	OPERATION OF PLANT	682895	325115	98457	35809	1142276	383557	1525833		8
9	LAUNDRY & LINEN SERVICE	87528	5851	1772		95151	31950	13028	140129	9
10	HOUSEKEEPING	211182	8049	2438	34905	256574	86153	17924		10
11	DIETARY	506719	61762	18704	58372	645557	216767	137531		11
12	CAFETERIA									12
14	NURSING ADMINISTRATION	243557	24130	7308	51793	326788	109730	53733		14
17	MEDICAL RECORDS & LIBRARY	213341	11425	3460	31895	260121	87344	25440		17
18	SOCIAL SERVICE	258201	7011	2123	54930	322265	108211	15611		18
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	3007255	312931	94768	580111	3995065	1341480	696829	135422	25
ANCILLARY SERVICE COST CENTERS										
41	RADIOLOGY-DIAGNOSTIC	37303	1385	419	6890	45997	15445	3084		41
41.01	RADIOLOGY SUA	209712				209712				41.01
44	LABORATORY	206567				206567	69362			44
44.01	LAB SUA	14915				14915				44.01
49	RESPIRATORY THERAPY	208819	7201	2181	43460	261661	87861	16035		49
50	PHYSICAL THERAPY	1069896	145075	43935	218004	1476910	495921	323052	3434	50
51	OCCUPATIONAL THERAPY	795570	71404	21624	158798	1047396	351698	159001	1273	51
52	SPEECH PATHOLOGY	356544	4847	1468	58027	420886	141326	10793		52
55	MEDICAL SUPPLIES CHARGED TO PAT	271703	9122	2763	12433	296021	99399	20314		55
56	DRUGS CHARGED TO PATIENTS	740827	10421	3156	68576	822980	276343	23205		56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI									59
OUTPATIENT SERVICE COST CENTERS										
62	OBSERVATION BEDS (NON-DISTINCT									62
71	OTHER REIMBURSABLE COST CENTERS									71
71	HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS										
95	SUBTOTALS	16246590	1031815	312476	1648809	16088085	3902547	1515580	140129	95
NONREIMBURSABLE COST CENTERS										
98	PHYSICIANS' PRIVATE OFFICES		2164	655		2819	947	4818		98
100	NRCC MARKETING	62518	225	68	13168	75979	25512	501		100
100.01	NRCC ROCKFORD MEM	768455			139338	907793	304821			100.01
100.02	GUEST MEALS									100.02
100.03	NRCC CLINICAL PSYCH	19200	2216	671		22087	7416	4934		100.03
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	17096763	1036420	313870	1801315	17096763	4241243	1525833	140129	103



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	10	11	12	14	17	18	25	26
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	360651							10
11 DIETARY	33180	1033035						11
12 CAFETERIA		259145	259145					12
14 NURSING ADMINISTRATION	12963		9149	512363				14
17 MEDICAL RECORDS & LIBRARY	6138		8750		387793			17
18 SOCIAL SERVICE	3766		11542			461395		18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	168116	682919	128886	512363	147355	461395	8269830	25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC	744		1617		685		67572	41
41.01 RADIOLOGY SUA							209712	41.01
44 LABORATORY					18433		294362	44
44.01 LAB SUA							14915	44.01
49 RESPIRATORY THERAPY	3869		7975		8933		386334	49
50 PHYSICAL THERAPY	77939		22928		84891		2485075	50
51 OCCUPATIONAL THERAPY	38360		25055		59179		1681962	51
52 SPEECH PATHOLOGY	2604		8330		16076		600015	52
55 MEDICAL SUPPLIES CHARGED TO PAT	4901		2813		19614		443062	55
56 DRUGS CHARGED TO PATIENTS	5598		7665		32627		1168418	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	358178	942064	234710	512363	387793	461395	15621257	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	1162						9746	98
100 NRCC MARKETING	121		1905				104018	100
100.01NRCC ROCKFORD MEM			22530				1235144	100.01
100.02GUEST MEALS		90971					90971	100.02
100.03NRCC CLINICAL PSYCH	1190						35627	100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	360651	1033035	259145	512363	387793	461395	17096763	103

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COST CENTER DESCRIPTION		TOTAL	
		27	
	GENERAL SERVICE COST CENTERS		
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
	INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	8269830	25
	ANCILLARY SERVICE COST CENTERS		
41	RADIOLOGY-DIAGNOSTIC	67572	41
41.01	RADIOLOGY SUA	209712	41.01
44	LABORATORY	294362	44
44.01	LAB SUA	14915	44.01
49	RESPIRATORY THERAPY	386334	49
50	PHYSICAL THERAPY	2485075	50
51	OCCUPATIONAL THERAPY	1681962	51
52	SPEECH PATHOLOGY	600015	52
55	MEDICAL SUPPLIES CHARGED TO PAT	443062	55
56	DRUGS CHARGED TO PATIENTS	1168418	56
59	PSYCHIATRIC/PSYCHOLOGICAL SERVI		59
	OUTPATIENT SERVICE COST CENTERS		
62	OBSERVATION BEDS (NON-DISTINCT		62
	OTHER REIMBURSABLE COST CENTERS		
71	HOME HEALTH AGENCY		71
	SPECIAL PURPOSE COST CENTERS		
95	SUBTOTALS	15621257	95
	NONREIMBURSABLE COST CENTERS		
98	PHYSICIANS' PRIVATE OFFICES	9746	98
100	NRCC MARKETING	104018	100
100.01	NRCC ROCKFORD MEM	1235144	100.01
100.02	GUEST MEALS	90971	100.02
100.03	NRCC CLINICAL PSYCH	35627	100.03
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	17096763	103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL		26086	7900	33986	33986			6
8 OPERATION OF PLANT	325115		98457	423572	3074	426646		8
9 LAUNDRY & LINEN SERVICE	5851		1772	7623	256	3643	11522	9
10 HOUSEKEEPING	8049		2438	10487	690	5012		16189 10
11 DIETARY	61762		18704	80466	1737	38456		1489 11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	24130		7308	31438	879	15024		582 14
17 MEDICAL RECORDS & LIBRARY	11425		3460	14885	700	7113		276 17
18 SOCIAL SERVICE	7011		2123	9134	867	4365		169 18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		312931	94768	407699	10747	194845	11135	7547 25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC	1385		419	1804	124	862		33 41
41.01 RADIOLOGY SUA								41.01
44 LABORATORY					556			44
44.01 LAB SUA								44.01
49 RESPIRATORY THERAPY		7201	2181	9382	704	4484		174 49
50 PHYSICAL THERAPY	145075		43935	189010	3974	90330	282	3499 50
51 OCCUPATIONAL THERAPY	71404		21624	93028	2819	44459	105	1722 51
52 SPEECH PATHOLOGY	4847		1468	6315	1133	3018		117 52
55 MEDICAL SUPPLIES CHARGED TO PAT	9122		2763	11885	797	5680		220 55
56 DRUGS CHARGED TO PATIENTS	10421		3156	13577	2215	6488		251 56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS		1031815	312476	1344291	31272	423779	11522	16079 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES		2164	655	2819	8	1347		52 98
100 NRCC MARKETING		225	68	293	204	140		5 100
100.01NRCC ROCKFORD MEM					2443			100.01
100.02GUEST MEALS								100.02
100.03NRCC CLINICAL PSYCH		2216	671	2887	59	1380		53 100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1036420	313870	1350290	33986	426646	11522	16189 103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	122148							11
12 CAFETERIA	30642	30642						12
14 NURSING ADMINISTRATION		1082	49005					14
17 MEDICAL RECORDS & LIBRARY		1035		24009				17
18 SOCIAL SERVICE		1365			15900			18
25 INPATIENT ROUTINE SERV COST CENTERS								
ADULTS & PEDIATRICS	80749	15239	49005	9129	15900	801995		801995 25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC		191		42		3056		3056 41
41.01 RADIOLOGY SUA								41.01
44 LABORATORY				1141		1697		1697 44
44.01 LAB SUA								44.01
49 RESPIRATORY THERAPY		943		553		16240		16240 49
50 PHYSICAL THERAPY		2711		5254		295060		295060 50
51 OCCUPATIONAL THERAPY		2963		3662		148758		148758 51
52 SPEECH PATHOLOGY		985		995		12563		12563 52
55 MEDICAL SUPPLIES CHARGED TO PAT		333		1214		20129		20129 55
56 DRUGS CHARGED TO PATIENTS		906		2019		25456		25456 56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	111391	27753	49005	24009	15900	1324954		1324954 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES						4226		4226 98
100 NRCC MARKETING		225				867		867 100
100.01NRCC ROCKFORD MEM		2664				5107		5107 100.01
100.02GUEST MEALS	10757					10757		10757 100.02
100.03NRCC CLINICAL PSYCH						4379		4379 100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	122148	30642	49005	24009	15900	1350290		1350290 103

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY
		3	4	5	6A	6	8	9
GENERAL SERVICE COST CENTERS								
3	NEW CAP REL COSTS-BLDG & FIXT	59874						3
4	NEW CAP REL COSTS-MVBLE EQUIP		59874					4
5	EMPLOYEE BENEFITS			8467200				5
6	ADMINISTRATIVE & GENERAL	1507	1507	1103721	-4241243	12630893		6
8	OPERATION OF PLANT	18782	18782	168325		1142276	39585	8
9	LAUNDRY & LINEN SERVICE	338	338			95151	338	9
10	HOUSEKEEPING	465	465	164072		256574	465	10
11	DIETARY	3568	3568	274383		645557	3568	11
12	CAFETERIA							12
14	NURSING ADMINISTRATION	1394	1394	243457		326788	1394	14
17	MEDICAL RECORDS & LIBRARY	660	660	149926		260121	660	17
18	SOCIAL SERVICE	405	405	258201		322265	405	18
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	18078	18078	2726835		3995065	18078	25
ANCILLARY SERVICE COST CENTERS								
41	RADIOLOGY-DIAGNOSTIC	80	80	32386		45997	80	41
41.01	RADIOLOGY SUA				-209712			41.01
44	LABORATORY					206567		44
44.01	LAB SUA				-14915			44.01
49	RESPIRATORY THERAPY	416	416	204289		261661	416	49
50	PHYSICAL THERAPY	8381	8381	1024745		1476910	8381	50
51	OCCUPATIONAL THERAPY	4125	4125	746443		1047396	4125	51
52	SPEECH PATHOLOGY	280	280	272760		420886	280	52
55	MEDICAL SUPPLIES CHARGED TO P	527	527	58444		296021	527	55
56	DRUGS CHARGED TO PATIENTS	602	602	322348		822980	602	56
59	PSYCHIATRIC/PSYCHOLOGICAL SER							59
OUTPATIENT SERVICE COST CENTERS								
62	OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	59608	59608	7750335	-4465870	11622215	39319	95
NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	125	125			2819	125	98
100	NRCC MARKETING	13	13	61896		75979	13	100
100.01	NRCC ROCKFORD MEM			654969		907793		100.01
100.02	GUEST MEALS							100.02
100.03	NRCC CLINICAL PSYCH	128	128			22087	128	100.03
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	1036420	313870	1801315		4241243	1525833	140129
104	UNIT COST MULT-WS B PT I		5.242175				38.545737	
104	UNIT COST MULT-WS B PT I	17.310018		.212740		.335783		.591763
105	COST TO BE ALLOC PER B PT II							
106	UNIT COST MULT-WS B PT II							
106	UNIT COST MULT-WS B PT II							
107	COST TO BE ALLOC PER B PT III					33986	426646	11522
108	UNIT COST MULT-WS B PT III						10.777971	
108	UNIT COST MULT-WS B PT III					.002691		.048657

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	SQUARE FEET	MEALS SERVED	FTE'S	PATIENT DAYS	GROSS REVENUE	PATIENT DAYS	
	10	11	12	14	17	18	
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 ADMINISTRATIVE & GENERAL							6
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING	38782						10
11 DIETARY	3568	65579					11
12 CAFETERIA		16451	11698				12
14 NURSING ADMINISTRATION	1394		413	14451			14
17 MEDICAL RECORDS & LIBRARY	660		395		28743106		17
18 SOCIAL SERVICE	405		521			14451	18
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	18078	43353	5818	14451	10922363	14451	25
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC	80		73		50755		41
41.01 RADIOLOGY SUA							41.01
44 LABORATORY					1366241		44
44.01 LAB SUA							44.01
49 RESPIRATORY THERAPY	416		360		662086		49
50 PHYSICAL THERAPY	8381		1035		6291950		50
51 OCCUPATIONAL THERAPY	4125		1131		4386209		51
52 SPEECH PATHOLOGY	280		376		1191543		52
55 MEDICAL SUPPLIES CHARGED TO P	527		127		1453724		55
56 DRUGS CHARGED TO PATIENTS	602		346		2418235		56
59 PSYCHIATRIC/PSYCHOLOGICAL SER							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	38516	59804	10595	14451	28743106	14451	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	125						98
100 NRCC MARKETING	13		86				100
100.01 NRCC ROCKFORD MEM			1017				100.01
100.02 GUEST MEALS		5775					100.02
100.03 NRCC CLINICAL PSYCH	128						100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	360651	1033035	259145	512363	387793	461395	103
104 UNIT COST MULT-WS B PT I	9.299443		22.152932		.013492		104
104 UNIT COST MULT-WS B PT I		15.752527		35.455193		31.928240	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III	16189	122148	30642	49005	24009	15900	107
108 UNIT COST MULT-WS B PT III	.417436		2.619422		.000835		108
108 UNIT COST MULT-WS B PT III		1.862608		3.391115		1.100270	108

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	8269830		8269830		8269830	25
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	67572		67572		67572	41
41.01 RADIOLOGY SUA	209712		209712		209712	41.01
44 LABORATORY	294362		294362		294362	44
44.01 LAB SUA	14915		14915		14915	44.01
49 RESPIRATORY THERAPY	386334		386334		386334	49
50 PHYSICAL THERAPY	2485075		2485075		2485075	50
51 OCCUPATIONAL THERAPY	1681962		1681962		1681962	51
52 SPEECH PATHOLOGY	600015		600015		600015	52
55 MEDICAL SUPPLIES CHARGED TO	443062		443062		443062	55
56 DRUGS CHARGED TO PATIENTS	1168418		1168418		1168418	56
59 PSYCHIATRIC/PSYCHOLOGICAL S						59
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTI						62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	15621257		15621257		15621257	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	15621257		15621257		15621257	103

PROVIDER NO. 14-3028 VAN MATRE HEALTHSOUTH REHABILI  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	10922363		10922363			25
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	50755		50755	1.331337	1.331337	1.331337 41
41.01 RADIOLOGY SUA	374316		374316	.560254	.560254	.560254 41.01
44 LABORATORY	1366151	90	1366241	.215454	.215454	.215454 44
44.01 LAB SUA	30450		30450	.489819	.489819	.489819 44.01
49 RESPIRATORY THERAPY	662086		662086	.583510	.583510	.583510 49
50 PHYSICAL THERAPY	3678665	2613285	6291950	.394961	.394961	.394961 50
51 OCCUPATIONAL THERAPY	3661932	724277	4386209	.383466	.383466	.383466 51
52 SPEECH PATHOLOGY	697118	494425	1191543	.503561	.503561	.503561 52
55 MEDICAL SUPPLIES CHARGED TO	1451550	2174	1453724	.304777	.304777	.304777 55
56 DRUGS CHARGED TO PATIENTS	2418235		2418235	.483170	.483170	.483170 56
59 PSYCHIATRIC/PSYCHOLOGICAL S						59
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTI						62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	25313621	3834251	29147872			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	25313621	3834251	29147872			103



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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

		----- OLD CAPITAL -----		----- NEW CAPITAL -----		
COST CENTER DESCRIPTION		CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25	INPAT ROUTINE SERV COST CTRS					
26	ADULTS & PEDIATRICS			801995		801995
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE UNIT					
31	OTHER SPECIAL CARE (SPECIFY)					
33	SUBPROVIDER I					
33	NURSERY					
101	TOTAL			801995		801995

		----- OLD CAPITAL -----		----- NEW CAPITAL -----		
COST CENTER DESCRIPTION		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11
25	INPAT ROUTINE SERV COST CTRS					
26	ADULTS & PEDIATRICS	14451	8352			55.50
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE UNIT					
31	OTHER SPECIAL CARE (SPECIFY)					
33	SUBPROVIDER I					
33	NURSERY					
101	TOTAL	14451	8352			463536

PROVIDER NO. 14-3028 VAN MATRE HEALTHSOUTH REHABIL  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-3028) [ ] SUB III [XX] PFS  
APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
41 RADIOLOGY-DIAGNOSTIC		3056	50755	23347			.060211	1406	41
41.01 RADIOLOGY SUA			374316	150721					41.01
44 LABORATORY		1697	1366241	800457			.001242	994	44
44.01 LAB SUA			30450	30450					44.01
49 RESPIRATORY THERAPY		16240	662086	429394			.024529	10533	49
50 PHYSICAL THERAPY		295060	6291950	2090746			.046895	98046	50
51 OCCUPATIONAL THERAPY		148758	4386209	2099233			.033915	71195	51
52 SPEECH PATHOLOGY		12563	1191543	394351			.010543	4158	52
55 MEDICAL SUPPLIES CHARGED TO P		20129	1453724	897745			.013847	12431	55
56 DRUGS CHARGED TO PATIENTS		25456	2418235	1372345			.010527	14447	56
59 PSYCHIATRIC/PSYCHOLOGICAL SER									59
OUTPATIENT SERVICE COST CENTERS									
62 OBSERVATION BEDS (NON-DISTINC									62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		522959	18225509	8288789				213210	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V  
APPLICABLE [XX] TITLE XVIII-PT A  
BOXES [ ] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
25	INPAT ROUTINE SERV COST CTRS								
26	ADULTS & PEDIATRICS					14451		8352	25
27	INTENSIVE CARE UNIT								26
28	CORONARY CARE UNIT								27
29	BURN INTENSIVE CARE UNIT								28
30	SURGICAL INTENSIVE CARE UNIT								29
31	OTHER SPECIAL CARE (SPECIFY)								30
32	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					14451		8352	101

PROVIDER NO. 14-3028 VAN MATRE HEALTHSOUTH REHABILI  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-3028)	[ ]	SUB IV	[ ]	PFS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY SUA							41.01
44 LABORATORY							44
44.01 LAB SUA							44.01
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 PSYCHIATRIC/PSYCHOLOGICAL SER							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 14-3028 VAN MATRE HEALTHSOUTH REHABILI  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-3028)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
41 ANCILLARY SERVICE COST CENTERS		50755			23347		41
41.01 RADIOLOGY-DIAGNOSTIC		374316			150721		41.01
44 LABORATORY		1366241			800457		44
44.01 LAB SUA		30450			30450		44.01
49 RESPIRATORY THERAPY		662086			429394		49
50 PHYSICAL THERAPY		6291950			2090746		50
51 OCCUPATIONAL THERAPY		4386209			2099233		51
52 SPEECH PATHOLOGY		1191543			394351		52
55 MEDICAL SUPPLIES CHARGED TO P		1453724			897745		55
56 DRUGS CHARGED TO PATIENTS		2418235			1372345		56
59 PSYCHIATRIC/PSYCHOLOGICAL SER							59
62 OUTPATIENT SERVICE COST CENTERS							62
62 OBSERVATION BEDS (NON-DISTINC							62
101 OTHER REIMBURSABLE COST CENTERS							101
101 TOTAL		18225509			8288789		101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-3028)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY SUA					41.01
44 LABORATORY					44
44.01 LAB SUA					44.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 PSYCHIATRIC/PSYCHOLOGICAL SER					59
OUTPATIENT SERVICE COST CENTERS					
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-3028)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	14451						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	14451						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14451						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8352						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART I (CONT)

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-3028)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	8269830						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8269830						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10922363						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10922363						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.757147						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	755.82						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	8269830						37



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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART II

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-3028)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	572.27					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4779599					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4779599					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						47
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-3028)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3319473					48
49 TOTAL PROGRAM INPATIENT COSTS	8099072					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	463536					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	213210					51
52 TOTAL PROGRAM EXCLUDABLE COST	676746					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	7422326					53

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART II (CONT)

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

HOSPITAL SUB I SUB II SUB III SUB IV  
(PPS)  
(14-3028)

TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

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WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

HOSPITAL (PPS) (14-3028)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	572.27	84
85 OBSERVATION BED COST		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL  
ROUTINE  
COST

COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5
---	---	--

COST 1	(FROM LINE 27) 2		
86 OLD CAPITAL-RELATED COST	8269830		86
87 NEW CAPITAL-RELATED COST	8269830	.096978	87
88 NON PHYSICIAN ANESTHETIST	8269830		88
89 MEDICAL EDUCATION	8269830		89

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (14-3028)	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[ ] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
25 INPATIENT ROUTINE SERVICE COST CENTERS				
ADULTS & PEDIATRICS		6309990		25
ANCILLARY SERVICE COST CENTERS				
41 RADIOLOGY-DIAGNOSTIC	1.331337	23347	31083	41
41.01 RADIOLOGY SUA	.560254	150721	84442	41.01
44 LABORATORY	.215454	800457	172462	44
44.01 LAB SUA	.489819	30450	14915	44.01
49 RESPIRATORY THERAPY	.583510	429394	250556	49
50 PHYSICAL THERAPY	.394961	2090746	825763	50
51 OCCUPATIONAL THERAPY	.383466	2099233	804984	51
52 SPEECH PATHOLOGY	.503561	394351	198580	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.304777	897745	273612	55
56 DRUGS CHARGED TO PATIENTS	.483170	1372345	663076	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI				59
OUTPATIENT SERVICE COST CENTERS				
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		8288789	3319473	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8288789		103

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-3028) 1	HOSPITAL (14-3028) 1.01	HOSPITAL (14-3028) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-3028) 1	HOSPITAL (14-3028) 1.01	HOSPITAL (14-3028) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
HOSPITAL (14-3028)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		9453732		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
TO	TO .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .05			3.05
	PROVIDER .50			3.50
	TO .51			3.51
	PROVIDER .52	NONE		3.52
	TO .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		9453732		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	PROGRAM .01			5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .02	NONE		5.02
	PROVIDER .03			5.03
	TO .50			5.50
	PROVIDER .51	NONE		5.51
	TO .52			5.52
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO			
	PROVIDER .01	37235		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		9490967		7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-3028)	HOSPITAL (14-3028)	SUB I	SUB II	SUB III	SUB IV
		1.01				
1 INPATIENT HOSPITAL SERVICES						1
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02 NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	6495217	2664627				1.02
1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0288				1.03
1.04 INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	314362	94919				1.04
1.05 OUTLIER PAYMENTS		77734				1.05
1.06 TOTAL PPS PAYMENTS	9646859					1.06
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						1.08
1.09 NET IPF PPS OUTLIER PAYMENTS						1.09
1.10 NET IPF PPS ECT PAYMENTS						1.10
1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.11
1.12 NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.13
1.14 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						1.15
1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)						1.16
1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18 MEDICAL EDUCATION ADJUSTMENT						1.18
1.19 ADJUSTED NET IPF PPS PAYMENTS						1.19
1.20 STOP LESS PAYMENT FLOOR						1.20
1.21 ADJUSTED NET PAYMENT FLOOR						1.21
1.22 STOP LOSS ADJUSTMENT						1.22
1.23 TOTAL IPF PPS PAYMENTS						1.23
INPATIENT REHABILITATION FACILITY (IRF)						
1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.35
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.37
1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						1.39
1.40 AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	39.591781					1.40
1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR		0.000000				1.41
1.42 MEDICAL EDUCATION ADJUSTMENT						1.42
2 ORGAN ACQUISITION						2
3 COST OF TEACHING PHYSICIANS						3
4 SUBTOTAL	9646859					4
5 PRIMARY PAYER PAYMENTS		20921				5
6 SUBTOTAL	9625938					6
7 DEDUCTIBLES		98212				7
8 SUBTOTAL	9527726					8
9 COINSURANCE		49929				9
10 SUBTOTAL	9477797					10
11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		18814				11
11.01 REDUCED REIMBURSABLE BAD DEBTS		13170				11.01
11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		18814				11.02
12 SUBTOTAL	9490967					12
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-3028)	HOSPITAL (14-3028)	SUB I	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		1.01					13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION							14
15 OTHER ADJUSTMENTS							15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS							16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER	9490967						17
18 SEQUESTRATION ADJUSTMENT							18
19 INTERIM PAYMENTS	9453732						19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)							19.01
20 BALANCE DUE PROVIDER/PROGRAM	37235						20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2							21
TO BE COMPLETED BY INTERMEDIARY							
50 ORIGINAL OUTLIER AMOUNT							50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)							51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY							52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)							53

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1945077			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	3656185			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE				
	NOTES & ACCOUNTS RECEIVABLE	-924305			6
7	INVENTORY	54012			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	265341			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	4996310			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	9720			13
13.01	ACCUMULATED DEPRECIATION	-1215			13.01
14	BUILDINGS	12880617			14
14.01	ACCUMULATED DEPRECIATION	-2712249			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	2657468			18
18.01	ACCUMULATED DEPRECIATION	-1813211			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	11021130			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2350000			25
26	TOTAL OTHER ASSETS	2350000			26
27	TOTAL ASSETS	18367440			27
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	182007			28
29	SALARIES, WAGES & FEES PAYABLE	531421			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	1217956			35
36	TOTAL CURRENT LIABILITIES	1931384			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	8216816			41
42	TOTAL LONG TERM LIABILITIES	8216816			42
43	TOTAL LIABILITIES	10148200			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	8219240			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	8219240			51
52	TOTAL LIABILITIES AND FUND BALANCES	18367440			52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	7378778			1
2 NET INCOME (LOSS)	2379267			2
3 TOTAL	9758045			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 ROUNDING				5
6 RESTATEMENTS				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	9758045			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 MINORITY INTEREST	1189634			13
14 PARTNERSHIP DISTRIBUTIONS	349171			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	1538805			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	8219240			19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	10922363		10922363	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	10922363		10922363	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	10922363		10922363	18
19 ANCILLARY SERVICES	14391257	3834251	18225508	19
20 OUTPATIENT SERVICES				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 TOTAL PATIENT REVENUES	25313620	3834251	29147871	26

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES			26
27 ADD (SPECIFY)		15652520	27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		15652520	40

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	29147871	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	11188798	2
3	NET PATIENT REVENUES	17959073	3
4	LESS - TOTAL OPERATING EXPENSES	15652520	4
5	NET INCOME FROM SERVICE TO PATIENTS	2306553	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	5168	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC INCOME	55963	24
24.01	LOSS ON SALE OF FIXED ASSETS	-1102	24.01
24.02	INTEREST INCOME	12686	24.02
25	TOTAL OTHER INCOME	72715	25
26	TOTAL	2379268	26
27	ROUNDING	1	27
28			28
29			29
30	TOTAL OTHER EXPENSES	1	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2379267	31

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\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	57.80						57.80 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	46.00						46.00 41
41.01 RADIOLOGY SUA	40.27						40.27 41.01
44 LABORATORY	58.59						58.59 44
44.01 LAB SUA	100.00						100.00 44.01
49 RESPIRATORY THERAPY	64.85						64.85 49
50 PHYSICAL THERAPY	33.23						33.23 50
51 OCCUPATIONAL THERAPY	47.86						47.86 51
52 SPEECH PATHOLOGY	33.10						33.10 52
55 MEDICAL SUPPLIES CHARGED TO PAT	61.75						61.75 55
56 DRUGS CHARGED TO PATIENTS	56.75						56.75 56
101 TOTAL CHARGES	28.44						28.44 101

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COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	--	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	1036420	6.06	-1036420	-11.11			3
4 NEW CAP REL COSTS-MVBLE EQUIP	313870	1.84	-313870	-3.37			4
5 EMPLOYEE BENEFITS	1801315	10.54	-1801315	-19.31			5
6 ADMINISTRATIVE & GENERAL	3972451	23.24	-3972451	-42.59			6
8 OPERATION OF PLANT	682895	3.99	-682895	-7.32			8
9 LAUNDRY & LINEN SERVICE	87528	.51	-87528	-.94			9
10 HOUSEKEEPING	211182	1.24	-211182	-2.26			10
11 DIETARY	506719	2.96	-506719	-5.43			11
12 CAFETERIA							12
14 NURSING ADMINISTRATION	243557	1.42	-243557	-2.61			14
17 MEDICAL RECORDS & LIBRARY	213341	1.25	-213341	-2.29			17
18 SOCIAL SERVICE	258201	1.51	-258201	-2.77			18
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	3007255	17.59	5262575	56.42	8269830	48.37	25
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC	37303	.22	30269	.32	67572	.40	41
41.01 RADIOLOGY SUA	209712	1.23			209712	1.23	41.01
44 LABORATORY	206567	1.21	87795	.94	294362	1.72	44
44.01 LAB SUA	14915	.09			14915	.09	44.01
49 RESPIRATORY THERAPY	208819	1.22	177515	1.90	386334	2.26	49
50 PHYSICAL THERAPY	1069896	6.26	1415179	15.17	2485075	14.54	50
51 OCCUPATIONAL THERAPY	795570	4.65	886392	9.50	1681962	9.84	51
52 SPEECH PATHOLOGY	356544	2.09	243471	2.61	600015	3.51	52
55 MEDICAL SUPPLIES CHARGED TO PAT	271703	1.59	171359	1.84	443062	2.59	55
56 DRUGS CHARGED TO PATIENTS	740827	4.33	427591	4.58	1168418	6.83	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI							59
62 OBSERVATION BEDS (NON-DISTINCT							62
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES			9746	.10	9746	.06	98
100 NRCC MARKETING	62518	.37	41500	.44	104018	.61	100
100.01 NRCC ROCKFORD MEM	768455	4.49	466689	5.00	1235144	7.22	100.01
100.02 GUEST MEALS			90971	.98	90971	.53	100.02
100.03 NRCC CLINICAL PSYCH	19200	.11	16427	.18	35627	.21	100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	17096763	100.00	0	.00	17096763	100.00	103



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APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	3056	50755	.060211	23347	1406	41
41.01 RADIOLOGY SUA		374316		150721		41.01
44 LABORATORY	1697	1366241	.001242	800457	994	44
44.01 LAB SUA		30450		30450		44.01
49 RESPIRATORY THERAPY	16240	662086	.024529	429394	10533	49
50 PHYSICAL THERAPY	295060	6291950	.046895	2090746	98046	50
51 OCCUPATIONAL THERAPY	148758	4386209	.033915	2099233	71195	51
52 SPEECH PATHOLOGY	12563	1191543	.010543	394351	4158	52
55 MEDICAL SUPPLIES CHARGED TO PAT	20129	1453724	.013847	897745	12431	55
56 DRUGS CHARGED TO PATIENTS	25456	2418235	.010527	1372345	14447	56
59 PSYCHIATRIC/PSYCHOLOGICAL SERVI OUTPATIENT SERVICE COST CENTERS						59
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
101 TOTAL	522959	18225509		8288789	213210	101

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APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	801995		801995	14451	55.50	8352	463536 25
101 TOTAL	801995		801995			8352	463536 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							463536
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							213210
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							676746
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							631
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							8352
PER DISCHARGE CAPITAL COSTS							1072.50
PER DIEM CAPITAL COSTS							81.03

I. COST TO CHARGE RATIO FOR FREESTANDING IRF

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINES 25-30 + WKST D PART IV COL 7 LINE 101))	8099072
2. TOTAL MEDICARE CHARGES (WKST D-4 COLUMN 2 LINES 25-30 + LINE 103)	14598779
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.555

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	676746
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.046

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.000